

Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094 501-682-3409 • www.sos.arkansas.gov

Instructions: File with the Secretary of State's Business Services Division, State Capitol, Little Rock, Arkansas 72201-1094 with payment of fees. A copy will be returned to the partnership at the listed address.

Business Services Division

State Capitol Building Little Rock, Arkansas 72201-1094

PLEASE TYPE OR CLEARLY PRINT IN INK

Statement of Qualification of Foreign Limited Liability Partnership

(Please Type or Print)

1.	The name of the Limited Liability Partnership is:			
2.	State of origination:			
3.	Street address of the principal office in the state of organization is:			
	Street and Number	City	State	ZIP
4.	Street address of an office in Arkansas if different from the principal off ice:			
	Street and Number	City	State	ZIP
5.	The name and address of the agent for service of process in the State of Arkansas is:			
(Na	me)			
	Street and Number	City	State	ZIP
6.	Deferred effective date, i	f any:		
I, h	nereby, state that the abov	e-listed limited liability partnersh	p is a registered limited liability partnersh	nip:
Sig	ned			
·	-	(General Partner)	(Date)	

\$300.00 Filing Fee Rev. 5/05